

REPORT OF INDUCED TERMINATION OF PREGNANCY

PLEASE TYPE OR PRINT

1) PATIENT'S AGE	2) DATE OF PREGNANCY TERMINATION (MM/DD/YY) ____/____/____	3) RESIDENCE STATE	4) CITY OR LOCATION		
5) PATIENT'S ETHNICITY <input type="checkbox"/> NON-HISPANIC <input type="checkbox"/> MEXICAN <input type="checkbox"/> PUERTO RICAN <input type="checkbox"/> CUBAN <input type="checkbox"/> CENTRAL OR SOUTH AMERICAN <input type="checkbox"/> OTHER OR UNKNOWN HISPANIC		6) PATIENT'S RACE <input type="checkbox"/> WHITE <input type="checkbox"/> AFRICAN AMERICAN (BLACK) <input type="checkbox"/> NATIVE ALASKAN OR AMERICAN INDIAN <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> OTHER (SPECIFY) _____			
7) MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> UNWED		8) EDUCATION (SPECIFY THE HIGHEST GRADE COMPLETED)			
		ELEMENTARY/SECONDARY (0-12)	COLLEGE (1-4 OR 5+)		
PREVIOUS PREGNANCIES (COMPLETE EACH SECTION. DO NOT LEAVE BLANK.)					
9) NUMBER OF PREVIOUS LIVE BIRTHS <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> 9A) NOW LIVING NUMBER _____ <input type="checkbox"/> NONE </td> <td style="width: 50%; vertical-align: top;"> 9B) NOW DEAD NUMBER _____ <input type="checkbox"/> NONE </td> </tr> </table>		9A) NOW LIVING NUMBER _____ <input type="checkbox"/> NONE	9B) NOW DEAD NUMBER _____ <input type="checkbox"/> NONE	10) NUMBER OF PREVIOUS SPONTANEOUS ABORTIONS NUMBER _____ <input type="checkbox"/> NONE	
9A) NOW LIVING NUMBER _____ <input type="checkbox"/> NONE	9B) NOW DEAD NUMBER _____ <input type="checkbox"/> NONE				
12) PHYSICIAN'S ESTIMATE OF GESTATION COMPLETED WEEKS _____		11) NUMBER OF PREVIOUS INDUCED ABORTIONS (DO NOT INCLUDE THIS TERMINATION) NUMBER _____ <input type="checkbox"/> NONE			
		13) DATE LAST NORMAL MENSES BEGAN (MM/DD/YY) ____/____/____			
15) PRIMARY PROCEDURE USED TO TERMINATE PREGNANCY (CHECK ONE ONLY) 15A) <input type="checkbox"/> SUCTION CURETTAGE 15B) <input type="checkbox"/> DILATION AND EVACUATION 15C) <input type="checkbox"/> SHARP CURETTAGE 15D) <input type="checkbox"/> SALINE 15E) <input type="checkbox"/> PROSTAGLANDIN 15F) <input type="checkbox"/> HYSTERECTOMY 15G) <input type="checkbox"/> HYSTEROTOMY 15H) <input type="checkbox"/> MIFEPRISTONE 15I) <input type="checkbox"/> METHOTREXATE 15J) <input type="checkbox"/> OTHER (SPECIFY) _____		14) METHOD OF PAYMENT <input type="checkbox"/> MEDICAID <input type="checkbox"/> INSURANCE <input type="checkbox"/> OTHER (SPECIFY) _____			
		16) WAS THIS TERMINATION ELECTED DUE TO THE DETECTION OF A CONGENITAL ANOMALY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
16B) TYPE OF CONGENITAL ANOMALY CHROMOSOMAL ANOMALY YES <input type="checkbox"/> NO <input type="checkbox"/> NEURAL TUBE DEFECT YES <input type="checkbox"/> NO <input type="checkbox"/> HEART ANOMALY YES <input type="checkbox"/> NO <input type="checkbox"/> VENTRAL WALL DEFECT YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER YES <input type="checkbox"/> NO <input type="checkbox"/> (SPECIFY) _____		(SPECIFY) _____			
				(SPECIFY) _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO PATIENT REQUESTED A COPY OF THE INFORMATION REQUIRED TO BE MAINTAINED ON THE INTERNET UNDER AS 18.05.032					
<input type="checkbox"/> YES <input type="checkbox"/> NO PATIENT RECEIVED A WRITTEN COPY OF THE INFORMATION REQUIRED TO BE MAINTAINED ON THE INTERNET UNDER AS 18.05.032					